



REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE

State Form 4806 (R13/11-05)  
Indiana Election Commission (IC 3-9-5-14)

(CFA-4)

Summary Sheet

FILE NUMBER

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

2014 OCT 15 AM 10:27  
PEGGY BEA  
CLERK  
HAMILTON COUNTY COURTS

TOTAL PAGES IN ENTIRE CFA-4 REPORT

IS THIS AN AMENDMENT? ☐ Yes ☒ No

COMMITTEE INFORMATION

1. Full Name of Committee (as on Statement of Organization) <input type="checkbox"/> Check if this is a new name <u>CALLAHAN FOR TRUSTEE</u>	
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number <u>317 417-2010</u>
4. Mailing Address (address where all campaign finance correspondence is received) <input type="checkbox"/> Check if this is a new address <u>1015 E. 106TH STREET</u>	
5. City, State, ZIP Code <u>INDIANAPOLIS, IN 46280</u>	6. Party Affiliation (if applicable) <u>REPUBLICAN</u>

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (include any nickname) <u>DOUGLAS CALLAHAN</u>	8. Party Affiliation or If Independent Candidate <u>REPUBLICAN</u>
9. Office Sought (include district number, if any. Not required for exploratory committee.) <u>CLAY TOWNSHIP TRUSTEE</u>	10. County of Residence <u>HAMILTON</u>

TYPE OF REPORT

CONVENTION CANDIDATES ONLY

11. Check one: <input type="checkbox"/> Pre-Primary <input checked="" type="checkbox"/> Pre-Election <input type="checkbox"/> Annual <input type="checkbox"/> Nomination <input type="checkbox"/> Other <input type="checkbox"/> Final/Disbands Committee (lines 18, 19, and 20 must be "0") <input type="checkbox"/> Outgoing Treasurer (within 10 days amend Statement of Organization)	Check one: <input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention
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12. Reporting Period: From: <u>4-12-14</u> Through: <u>10-10-14</u>	COLUMN A This Period	COLUMN B Year to Date
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13. Cash on hand and investments at the beginning of this reporting period. <u>0</u>	<u>0</u>	<u>0</u>
14. Cash on hand and investments January 1, current year. <u>0</u>		<u>0</u>

CONTRIBUTIONS AND RECEIPTS

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		
15a. Itemized (use Schedule A)	<u>0</u>	<u>0</u>
15b. Unitemized	<u>0</u>	<u>0</u>
15c. Add lines 15a and 15b in both columns	<u>0</u>	<u>0</u>
SUBTOTAL	<u>0</u>	<u>0</u>
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	<u>0</u>	<u>0</u>
TOTAL	<u>0</u>	<u>0</u>

EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)		
17a. Itemized (use Schedule B) (Public Question: use Schedule C)	<u>0</u>	<u>0</u>
17b. Unitemized	<u>0</u>	<u>0</u>
17c. Add lines 17a and 17b in both columns	<u>0</u>	<u>0</u>
SUBTOTAL	<u>0</u>	<u>0</u>
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	<u>0</u>	<u>0</u>
TOTAL	<u>0</u>	<u>0</u>
19. Debts OWED BY the committee (use Schedule D)	<u>0</u>	
20. Debts OWED TO the committee (use Schedule E)	<u>0</u>	

CERTIFICATION

BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

Title <u>Mrs. Sherr</u>	Date <u>10-13-14</u>
	Date <u>10-13-14</u>

Not to be used for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly  
A person who fails to file a complete or accurate report as required by the Indiana  
-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)

FOR OFFICE USE ONLY

2014 OCT 15 AM 11:00